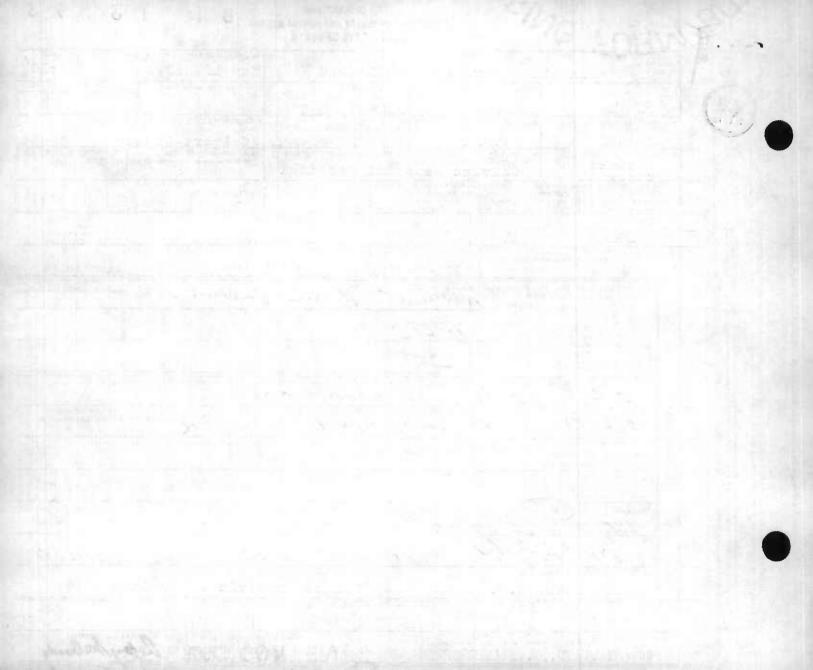
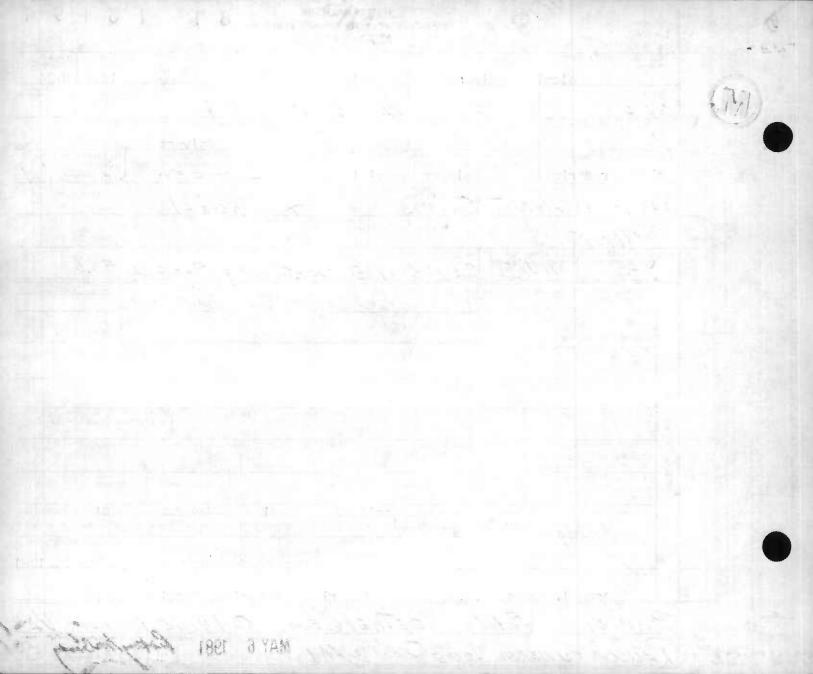
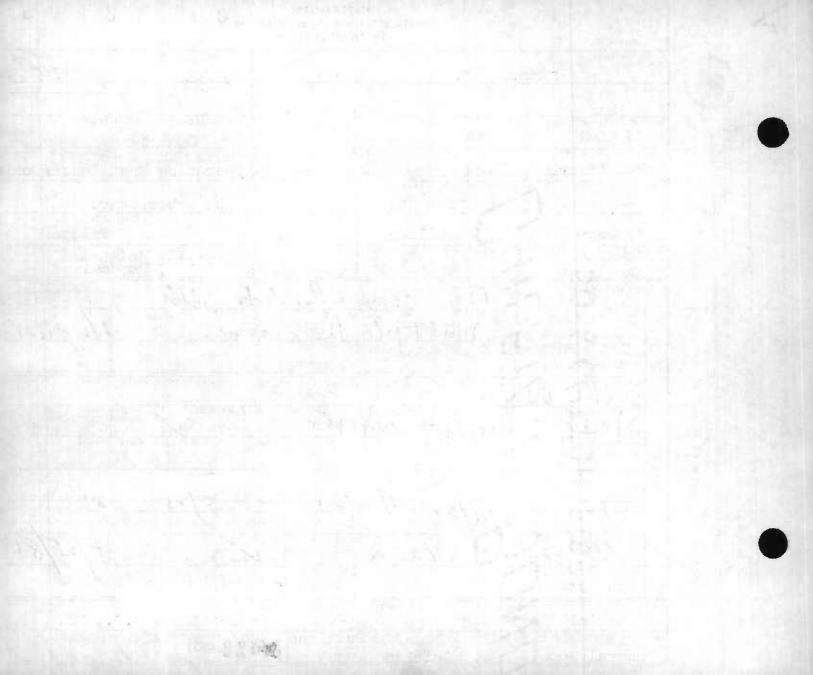
y anoma i nathong can lead to the contract of Smryland Celvert ginees redend 2 cente & Lack 244 girl DESCRIPTION NAMED AS TO SERVED A CONTRACT OF THE PROPERTY OF T

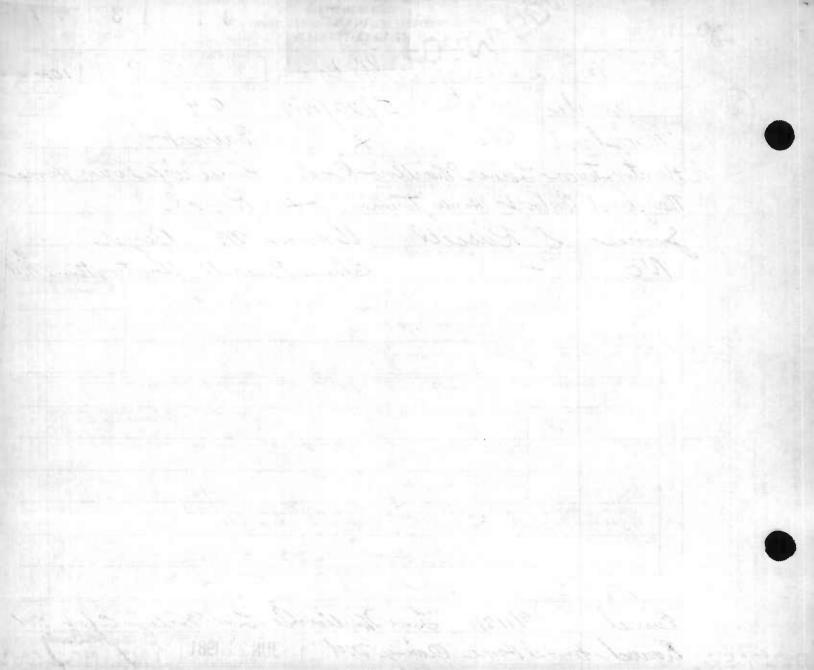


1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND E CERTIFICATE OF E	
1. DECEASED NAME FIRST MIDDLE LAST (TYPE OR PRINT)	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
Malcolm Linwood ALVIS	May 2 1981 8:24
3 SEX 4 RACE 5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
MALE 406 ITE 12 16	1903 77 YRS. MONTHS DAYS HOURS MIN
76. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER / WIDOWED DI	BALTIMORE CITY OR COUNTY OF DEATH
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INS' (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	STITUTION 128 USUAL OCCUPATION 128 KIND OF BUSINESS OR (T) FOR WORK FOR MUST OF WORKING LIFE) INDUSTRY
Prince Frederick Calvert Memorial USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)	LUMBER SAUMIII
136 STATE AND A 136 COUNTY 136 STY OF TOWN 13d. INSIDE C	NOS. NURAI
14 FATHER'S NAME MIDDLE LAST 15. MOTHER	S MAIDEN NAME MIDDLE LAST
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO 17 INFORMA (YES NO OR UNKNOWN) (IF YES GIVE WAS DECES) 2612614 F1126	abouth Long SAME AS # 13
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY.	steiva Deese APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF	
Goodstrons, if any, which gave rise to immediate cause (a), stating the underlying cause last	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
198 CONDITION FOR WHICH OPERATION WAS PERFO	IN CERTIFYING CAUSES OF DEATH?
210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW IN	YES NO YES NO YES NO
The way of the transmission of the state of the transmission of the state of the st	SOUND SCOONED (ENTERNALIDAE OF HADRE IN THEM TO, PART 1 ON PART 1)
OR CONTRIBUTING CALEXAMINER) P.M. 19 216 INJURY OCCURRED 217 INJURY OCCURRED 218 PLACE OF INJURY (AT HOME: STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN COUNTY STATE
220.1 certify that (I) (this haspital) attended the deceased from April 25 saw the deceased alive an May 2 19 81, and that in (my) above (Milwe) (didthidid not) view the body after death.	. 19_81_, to May 2 19_81_, that (I) (we) las) (aur) apinian death accurred an the date and hour and from the causes stated
226 SIGNATURE DEGREE	22c DATE SIGNED
NAT: IF	ATTENDING MEDICAL STAFF PHYSICIAN XXDIRECTOR PHYSICIAN MAY 2 198
8 9 9 9 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
George J. Weems, M.D. Pri	CREMATORY 23d LOCATION COUNTY STATE
BP	EM. OILVILLE DOOSELAND VA
DHMH-16 25M (VRA 15, 4) 1/79 AUSCH FUNERAL HOME OWING M	25 DAY REC'D. BY REGISTRAR 251 CONTRACTOR



Prince Frederick Calvara Memorial Mospital



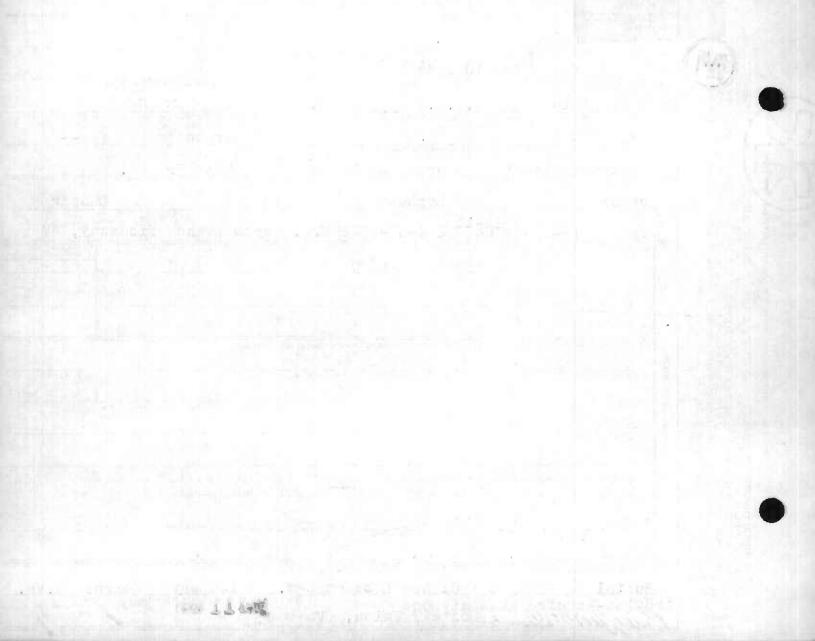


Formle North Care to the Company August of the first that the first of the fi CONC. 10 · 10 3 .bi , melso defit to the V. Ent of a 180-ct-213 M. Sintal Lag of the Light and the Light Car Light Coll. 1945. LELL Steucer E. Severl Lox 3' Ethne Fryderick, Land

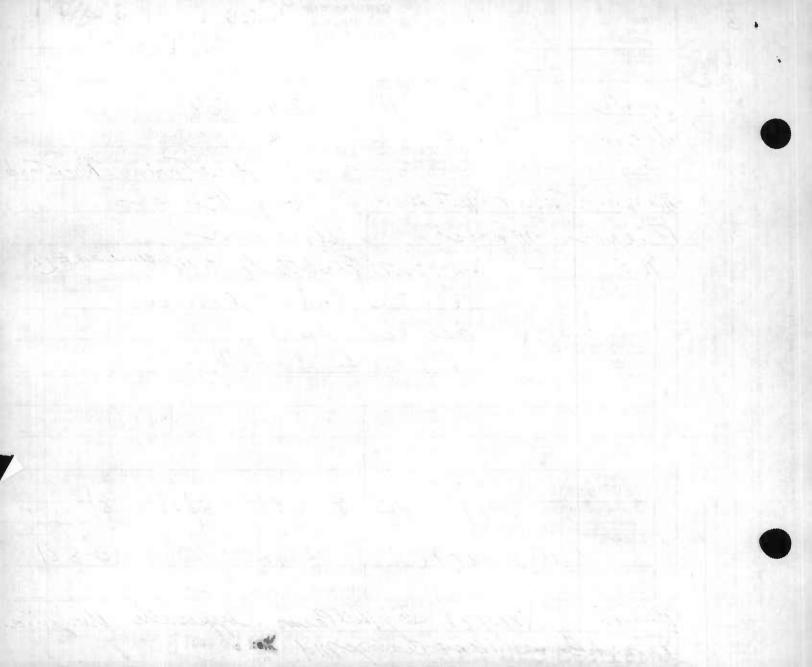
1	FOR STATE REGISTRAR	DEPARTMENT (TATE OF MARYLAND OF HEALTH AND MENTAL INER'S CERTIFICATE		3 1 7 7
	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26. HOU
1	(TYPE OR PRINT)	th Catherine	Hopkins	OF ESTI-	5/1 10 81
3. 3	SEX 4 RACE	IS DATE OF BIRTH IA AGE	N YEARS IF UNDER 1 YR. IF UND	ER 24 HRS. 2c. DATE	MONTH DAY YEAR 2d. HOU
	female white	MONTH DAY YEAR LAST BILL 56	YRS. HOURS	MIN: PRONOUNCED DEAD	5 1 19 81 2:11
7 a	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MA	RRIED	County OF DEATH AM
	CITY OR TOWN OF DEATH PrinceFrederick	11. NAME OF HOSPITAL, NURSING HO (15 NOT IN SUICH FACILITY GIVE STREET ADDRESS OF MEMOTIA		12a USUAL OCCUPATION (174) FOR MOST OF WORKING LIFE) Housewife	PE OF WORK 17b. KIND OF BUSINESS OR INDUSTRY Housework
	STATE 13b. COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS OF THE SAPE. Vert Chesape.	N 13d. INSIDE CITY LIMITS	13e. STREET ADDRESS	
4	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MA	DEN NAME	LAST
_	John	J. Moore	Bertl		Cornish
160	no	222-22	442/ Elizabet	ADDREY Th Ann Hopkins S	0001 Dallas Ave. ilver Spring, Md.
	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly one couse per line for (o), (b), and (c).	o comdiarragarila		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
L		ATE CAUSE (o)	e cardiovascula	r disease	
Н	Conditions, if any, which	DUE TO, OR AS A CONSEQUEN	CE OF		
-	gove rise to immediate	e / (b)			
	couse (o) stating the <u>under</u> lying couse last.	DUE TO, OR AS A CONSEQUEN	CE OF		
2		S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN	PART 1 (a):	
ATE	19a DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED?		20 AUTOPSY?
1211	É				YES X NO 🗆
MOLTA CEBTICAL	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b TIME OF INJURY HOUR A.M. MONTH DAY DEATH P.M. 15	EAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
10000	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOM STREET, FACTORY, FARM, ETC.)	E. 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that I took char	ge of the remains described above, held o	on Autopsy XX. Inspec	tion . Inquiry . o	nd in my opinion
	death resulted from: No.	ural comes XX Accident .	Suicide , Homicide	Undetermined monner .	
	17/	7	TITLE (SPECIFY)		
	ACTUAL SIGNATURE	Suan	M.D. Assis	Cant MEDICAL EXAMINER	DATE 5/1/81
-	EXAMINER'S NAME (TYPE OR PRINT)	Hormez R.		lPenn Street,Bal	to.MD 21201
23	BURIAL CREMATION REMOVAL		CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	(SPECHY) Burial	5/6/81 Holly	wood Cemetery		Kent Del.
24	FUNERAL DIRECTOR	ADDRESS		E REC'D. BY REGISTRAR 256 REG	

paperall reinsauv für a pylandiac 2n 28.0 Tatata L. Grand, Ed. Ellerum Sergie, Schene L. State the Total control of the Control of Fundanton, I.,

	Int	ems #18	Ba-22a Fi	lm G55		EPARTMENT	OF HEAL	MARYLAI TH AND M	ENTAL H			1	3	2	0	0
		REGISTRAR				ICAL EXAM	INER'S	CERTIFI	CATEO	F DEA	TH	REG. NO				
		CEASED NAMI	E FIRST		,	MIDDLE		LAST			20. DATE KNO	X NWC	MONTH	DAY	YEAR	2b. HOUR
2000	,,,,	C ON T KINTY	GENE			Α.	LE	PHEW			OF ES	TED	5	2	, 81	_ M
254.33	3 SE	X	4 RACE	S. DATE OF	BIRTH	YEAR LAST BI	NYEARS IF	UNDER 1 YR.	IF UNDER		2c. DATE		MONTH	DAY	YEAR	2d HOUR
E 300	ma	ale	white	Dec		1938 42	YRS.	INTHS DAYS	HOURS	MIN.	PRONOUNCE! DEAD)	5	2	, 81	9а м
· · · · · · · · · · · · · · · · · · ·	7q. B	IRTHPLACE (ST	TATE OR	76. CITIZEN	OF WHA	T COUNTRY?	11	RRIED NE	VER MARRI	IED 🗆	9. BALTIMORI	CITY OF	COUNT	Y OF D	ATH	-111
NECESSA FUNERAL S FOR WITHIN W REELI	We	st Vir	ginia		U.S	. A.		OWED T	DIVORC		Calve	rt Co	ount	У		MD
AY IS THE P PAGE: FILED) ID. C	North	OF DEATH	LIE NOT IN	OF HOSPI	TAL, NURSING H	OMÉ, OR C	THER INSTITU	TION	FORM	ALOCCUPATI	LIFE)	OF WORK	OR	D OF BUINDUSTR	SINESS
DEL NIN I COR		AL RESIDENCE	(IF IN NURSING HOME C	R OTHER INSTITU	TION, GIVE	RESIDENCE BEFORE AD						21			-	
AND	2	Maryla				North E		YES.	NO 🗌	4	et address 038 31	rd S	t.		Wal	
M. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	A	ATHER'S NAME		MIDDLE		LAST		15. MOTH	ER'S MAIDE	N NAME	MIDDLE				AST	
DEA DEA OF	1	Arthur				Lephew			dith]	Dunk	ar	
BALTIMORE, S AFTER DEAT GIVE PAGES ITH FORM P PAGES I AN WISION OF	160. \	VAS DECEASEI ES, NO, OR UNKNO Ves	DEVER IN U.S. ARA	WAR OR DAILS	411	232-60		2 Mrs		усе		DDRESS Pi	ckav	vay.	WV	
ST., BA		18 CAUSE O	F DEATH (Enter and ATH WAS CAUSED	y ane couse o	per line fo	or (a), (b), and (c).)							APP	ROXIMATE	INTERVAL AND DEATH
ONS ONG ONG SIENE		303		E CAUSE (a).		te alcoh			12	100						
PRESTON ITHIN 24 H CIL IN ITEM IER ALON ANSIT PER AL HYGIEN REMOVAL		Caradisia	ns, if ony, which	DUE T	TO, OR AS	s a consequen	CE OF							122		
WITH WITH WERNER RAN TAL	-	gave ris	se ta immediate	(b)												
201 W. UTED W. IN PEN EXAMILE RIAL - TR D MENI		lying cau	stating the <u>under</u> ise lost.	DUE T	10, OR A	s a consequen	CE OF							1		
RECORDS. ID BE EXEC PENDING. MEDICAL D AS A BUI REALTH AN	NO	PART 2 DINER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO	D DEATH BUT	T NOT RELATED TO THE	TERMINAL DIS	ASE OR CONDITIO	IN GIVEN IN PA	RT 1 (a),						
AL REGOULD OULD "PER MILE MILE MILE MILE MILE MILE MILE MILE	CERTIFICATION	19a DATE OF	OPERATION	19b. C	ONDITIO	ON FOR WHICH C	PERATION	WAS PERFOR	RMED?			84			TOPSY?	
NOR SECURITY OF SE	T E	TIN EYTERNA	L CAUSE WAS	27h T	IME OF IN	MILIDA	21-	HOW INTINIBA		D					SXX	NO 🗆
DIVISION OF VITAL S CERTIFICATE SHOUI RITING THE WORD." RED TO THE CHIEF ET 3 SHOULD BE USEF TO EPPARTMENT OF H OI PRIOR TO BURIAL		UNDERLYING	OR NG CAUSE OF C				EAR	HOW INJURI	OCCURRE	D (ENIEK	EATURE OF INJURY I	N IIEM 18 PA	IRT I OR PAI	KI 2)		
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS EXECUTE THE CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN 11EM 13. GIVE PAGES 1, 2, AND 31 OT HE TO FUNCTION OF THE ORDER 1, 2, AND 31 OT HE TO FUNCTION OF THE STAIN PAGE 1 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PA 3. RETAIN PAGE 1 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WIAI RECORDS, 201 WEALTH WORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL	218 INJURY C				INJURY (AT HOM RY, FARM, ETC.)	E, 21f	STREET			CITY OR TOWN		COI	UNTY		STATE
INER: ICATE, ICATE, FORV			fy that I took charg		₹.			opsy XX.	Inspection		Inquiry _		in my ap	inion		
CAM ERTIF D BE VITH VRYL		deoth resulte	ea tram, Notur	ol couses L	5	accident L.,	Suicide		SPECIFY)	Undete	ermined monne	r,				
A S S S S S S S S S S S S S S S S S S S		ACTUAL SIGNATURE	NVV	IN	1X	2				T MEDI	CALEXAMINE	D	DATE	5-	2-81	
SET		350000000000000000000000000000000000000	6 /	13	7	1			710101	MED!	CALEXAMINE	K	SIGNE	0		
A PER	7	EXAMINER'S (TYPE OR PRIN	NAME Anr	M. D	i xon,	M.D.		_ADDRESS_	111	Penn	St.					
5 <u>8</u> 45885	23a.B	URIAL, CREMA	TION, REMOVAL 2	36 DATE	7	23c. NAME OF	CEMETERY	OR CREMAT	ORY	23d. LO	CATION		cour	4TY	STA	ATE
BP		Buria		May 6	198		Lebar	ion Ce		Pic	ckaway		lonr	oe	W.	
DHMH - 17	BE	ON DIREC	CGuir	e, Fun	ara]	L Home			25a. DAT	REG O. BY	REGISTRAR 2	5b. REGIS	TRAR'S S	IGNATI	RE	-
(VR A15 ME (5)) 15M 2/80	12	3alla V		ince	Box	k 217 U	nion	, WV					W			



. 3	1	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 REG. NO.	3 2 0 1
(B.H		CEASED NAME FIRST	MIDDLE	LAST	2R DATE OF DEATH MONTH D	AY YEAR 26. HOUR
ay be	1111		arles Ray	MORRIS	May 8, 1981	8:10P
4 may b	3 SE	X	4 RACE	5 DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
idirector, Fours after	14	male	white	1000 8 1914	CO & YRS.	
ath. Faldi		IRTHPLACE_ (STATE OR FOREIGN	TO CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
funeral funeral in 72 h	100	USUNUL TOWN OF DEATH	11 NAME OF HOSPITAL NILIPS	WIDOWED DIVORCED MING HOME OR OTHER INSTITUTION	Calvert 120 USUAL OCCUPATION	126. KIND OF BUSINESS O
by the fed within	31	rince Frederi	(IF NOT IN SUCH FACILITY, GIVE STRE	Memorial Hospita	(TYRE OF WORK FOR MOSSIOF WORKING LIFE	
thin 24 ho y filled in ould be fill	USU	AL RESIDENCE (IF NURSING HOME OF STATE 134 COUL	OTHER INSTITUTION, GIVE RESIDENCE BEFORM TO	DEACH 134 INSIDE CITY LIMITS?	13e STREET ADDRESS wral	
with shoot shoot	II. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME MIDDLE	LAST
comple and 2	1/	ipper	morres	Unk	own	CAST
Pages Pages t, the m		WAN DE EASED EVER IN U.S. AR	EWAR OR DATES) 223-40	URITY NO. 17 INFORMANT -2212 Blarbotte	Santelle sen	near#13
physician physician papers. Pe emoval. itic event, i		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), o	and (c).)		SETWEEN ONSET AND DEATH
certifi ig phys in pape remov			TE CAUSE (a) COLA	te ful.	Edewor	
leath endin carbo in, or	1	2500	DUE TO, OR AS A CONSEO	UENCE OF		3 3 3 4
the c e atte love (natio		Canditions, if any, which	(b) COCAL	te in!	1	
es that d by th ase rem al, crer y, or of		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEO	UENCE OF	nellette	
v require in signed to buri	Z O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
: The law bee e has bee permit. The ene prior shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
No state	1			10) 11000000000000000000000000000000000		по 🗆
YSI hys cer l-tra nta		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR AM. MONTH		RRED (ENTER NATURE OF INJURY IN ITEM 18, P.)	RT I OR PART 2]
S Pr	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
DING PP ttending After th s the bur th and M marked	*	AT WORK AT WORK	4	6/ 0	1 -10/	αI
or a Or a DR: Use a Heal		1/2	ital) attended the deceased from		/	19, that (I) (we) la
Ppital spital SECT for u	1		at) view the bady after death.		death occurred on the date and hour	
TD HOSPITAL OR AT retained by the hospital TO FUNERAL DIRECT should be detached for with the State Dept. of IMPORTANT: If Item 2		22b. SIGNATURE	rd all 11	DEGREE 1 ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5-8-81
d by d by NER NER De d		224 PHYSICIAN'S NAME (TYPE	PRINT	77e ADDRESS		
retained TO FUN Should b with the		Kiourmarce	Yazdani, M.D.	Huntingto	wn, Maryland	20639
Es Ess	230	BURIAL, CREMATION, REMOVAL	23h DATE 23c	NAME OF CEMETERY OR CREMATORY	234. LOCATION ~ /	COUNTY // STATE -
BP	4	will	7/3/8/	eny the Ceim	uppermen	Vergene
DHMH-16 25M	24	WAME DIRECTOR Fram.	val Honor	Juines ma 250. D	TE REC'D BY REGISTRAR 256 REGISTI	RAR'S SIGNATURE
(VRA 15, 4) 1/79	16	annon in		7 1119	t on .	



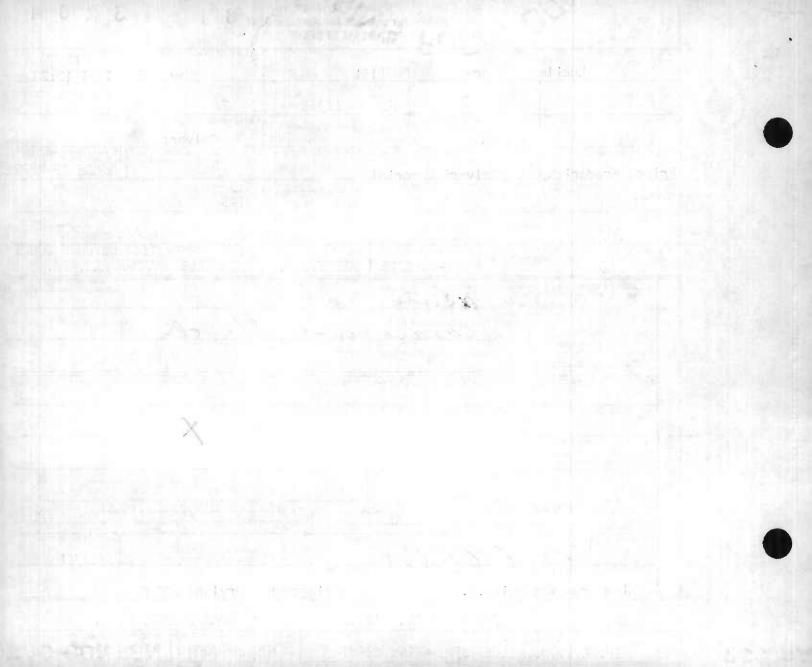


	,		
Carlosoff in set		- B 115 (2.2)	Emailige
Carlo Calond & Co.			
	CONTRACTOR OF THE		

10	1-	FOR STATE	DEPARTMENT C	TATE OF MARYLAND OF HEALTH AND MENTAL		3 2 0 3
	I DE	REGISTRAR CEASED NAME FIRST	MEDICALEXAM	INER'S CERTIFICATE	KEO: 110:	
(AA)		PE OR PRINT)	WIDDLE	LAST	20. DATE KNOWN MO	NTH DAY YEAR 26 HOUR
Segretary		Ameli		Peterson	DEATH MATED	5 2519 8! M
ARY, PLEAS DIRECTOS FOUR FEES N 72 H	3. SE		S. DATE OF BIRTH MONTH DAY YEAR LAST BIR STORY STO		ER 24 HRS. 2c. DATE MOI PRONOUNCED DEAD	5 27 19 8 P M
SSAR STORY	Ja. B	RTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	1	- 9 BALTIMORE CITY OR CO	2 2 11 0 1 111
DELAY IS NECESSARY, PRIORE THE FLINERAL DIRECTOR YOUR TO BE FLIED, WITHIN 72 HODS, 201 W. PRESTON ST	K	PREIGN COUNTRY)	D5A	MARRIED NEVER MAR	RRIED U	
NY ISN THE FL	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO	ME, OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WI	
D SELV	Che	sapeake Beach	4033 Old Bayside	Road	Dousewife	home
ANY AND PETA PETA POUL	130	TATE OF THE COLOR	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM	13d. INSIDE CITY LINIT	13. SEREET ADDISS	Della
MD.	14. F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAI	DEN NAME MIDDLE	LAST
AND		Ollkoo	WA		nknowin	LAST
TIMO FORV FORV SES 1	16a. V	VAS DECEASED EVER IN U.S. AR. ES, NO, ORUNKNOWN) (IF YES, GIVE	RMED FORCES?	RITY NO. 17. INFORMANT	ADDRESS	907BrookRidge
S AF GIV INTH			2342	8413140000	53 INC/61100	dardiplication
ST., ST.,		PART I DEATH WAS CAUSE	nly ane cause per line far (a), (b), and (c).) ED BY:			BETWEEN ONSET AND DEATH
PRESTON ST., ITHIN 24 HOUF CIL IN ITEM 18, VER ALONG W ANSIT PERMIT. AL HYGIENE, D REMOVAL.		4995 IMMEDIA	TE CAUSE (a) Arterioscle		cular disease	
THIN III IN INSI'N IL HA	-	Canditians, if any, which				
W. WENCE WILL THE COR. T. C.		gave rise to immediate cause (a) stating the <u>under-</u>		CE OF		
NUTED WE		lying cause last.	(c)			
CORDS BE EXECTIONS TO BOUNCY S A BU LTH AN REMAT	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO GEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVEN IN	PART 1 (a),	
ULD FEBRUARY SEED A HEAAL CI	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OF	PERATION WAS PERFORMED?		20 AUTOPSY?
S S S S S S S S S S S S S S S S S S S	Ĭ					YES 🔀 NO 🗆
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF EXECUTE THE CERTIFICATE, WRITING THE WORD."PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1. 2 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3 TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURAL-TRANSIT PERMIT. PAGES 1 AND 2.8 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH BALLIMORE, MARYLAND, 21201 PRIOR TO BURRIAL, CREMATION, OR REMOVAL.	ALCER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	21b. TIME OF INJURY HOUR A.M. MONTH DAY YI DEATH P.M. 19	AR 21c. HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN (TEM 18 PART) (OR PART 2)
VISK TING TING TING 3 SH DEPA PRIC	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET		
MIS (WRI VARD AGE ATE 1201	3	AT WORK AT WORK	JAREN, FACTORI, FARM EIC)	STREET	CITY OR TOWN	COUNTY STATE
ATE, ORW, ORW, TEST AD, 2		22a I certify that I taak charg	ge at the remains described above, held a	Autopsy X, Inspect	ian , Inquiry , and in m	y apinian
MINING BE FOR THE PARTY MAIN		death resulted fram: tylaty	al causes . Aceideni .	Svicide , Hamicide	Undetermined manner .	
EXA WAR WAR		ACTUAL V.	- W 19 0	TITLE (SPECIFY)		1
SHOE HE	1	SIGNATURE	amoun mu	M Deputy Ch	iefmedical examiner Sk	TE 5/28/81
MEDI ECUTE FUNC FUNC FUNC FUNC FUNC FUNC FUNC FUNC	-	EXAMINER'S NAME TI	homas D. Smith, M.D	· ADDRESS []]	Penn St. Balto.	MD.
PATO PETO	23a.B	URIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF	EMETERY OR CREMATORY	23d. LOCATION CUY OR TOWN	COUNTY O STATE -
BP	1	DOMO	5-29-81 Ceda	HILL	DUIHOUT P	6 M
DHMH - 17	1	NIME	ADDRESS .	Wings 250. DATE	and a	SSIGNATURE -
(VR A15 ME (5)) 15M 2/80		JUNDO-T	unesal tome	Je Ro	IN 2 1981 Justin	

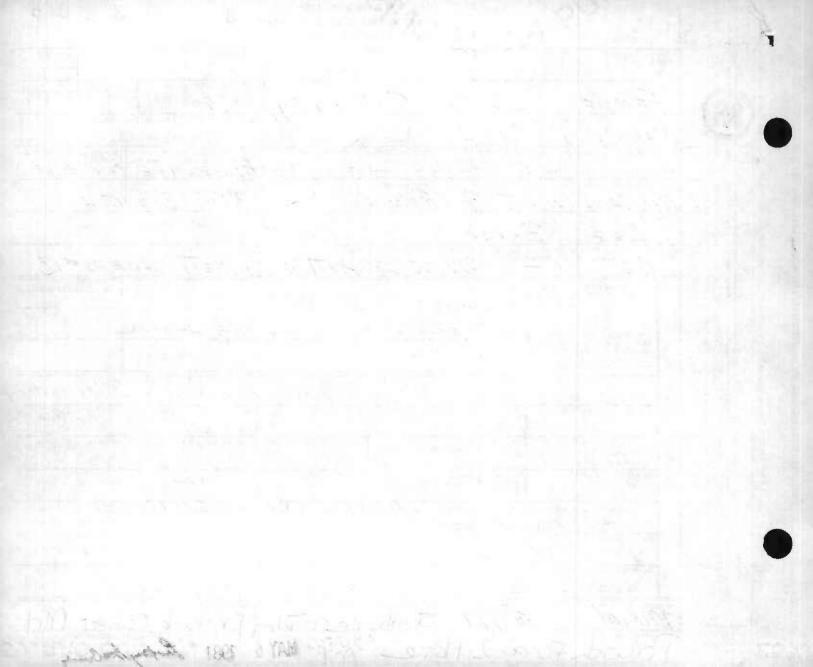
The state of the s The second of the second of the second

2	1	FOR - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 8 REG. NO.	13204
		CEASED NAME FIRST	WIODLE	LAST	26 DATE OF DEATH MO	NTH DAY YEAR 26. HOUR A
3' 24		Lucile	Mary	PUGLISI	May	28 1981 10:20 M
I Fin	3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	
7 (10/1/4)		FEMALE	CAUCASIAN	FEB 7, 1905	76	YRS.
		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH
the state of		ITALY	U.S.A	WIDOWED DIVORCED	□ Calver	
by me the	1	ince Frederick	(IF NOT IN SUCH FACILITY, GIVE ST		124. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W CLERK	
filled in uld be fill	USU 13a	AL RESIDENCE (IF NURSING HOME O STATE 13b COU	ROTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)	? 13. STREET ADDRESS 9125 BAY AV	'ENUE
completely 1 and 2 shorn nedical exar	I4. E.	ATHER'S NAME FIRST JOSEPH	MIDDLE DIBEL	LA IS MOTHER'S MAIDEN		ABATE LAST
icate be execusican and corrers. Pages 1 and val.		WAS DECEASED EVER IN U.S. AR	RMED FORCES? IN SOCIALS	ECURITY NO 17 INFORMANT 1	DAUGHTER ADDRESS RONSISVALLE	7564 WEYBURN COURT ANNANDALE, VA.
v requires that the death en signed by the attending then please remove carbon to burial, cremation, or to burial, cremation, or ny injury, or other traum	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	0	Sheeds ERMINAL DISEASE OR CONDIT	
MAN: The lav	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED		OB. IF YES, WERE FINDINGS USED N CERTIFY ING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
SSIC nysi nysi nysi tra tra Iter		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONTH		CURRED LENTER NATURE OF INJURY IN	NITEM 18, PART 1 OR PART 2)
DING PHYSIC ttending physic After this cert is the burial-tra th and Mental marked or Iter	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21s: PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENI bital or at bital or at ECTOR: for use as for Healt		saw the deceased alive an	MAV 28 1	m MAV 25 . 19	81 , to MAY 28 ion death accurred on the date	
TAL OR v the hosp RAL DIR detached tate Dept NT: If It		27b. SIGNATURE	AMI	DE GREE ATTENDINI PHYSICIAN		226. DATE SIGNED NO 5/28/81
TO HOSPITAL retained by the TO FUNERAL should be detaction with the State I IMPORTANT:		Kioumarce Ya	zdani,M.D.		wn, Maryland 20)639
BP	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 6/1/81	MT. OLIVET	"WASHINGT	ON, O. C. STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR FRANCI NAME UNIV. BLVD., W	IS J. COLLINS. U., SILVER SPRIN		DATE REC'D. BY REGISTRAR 251	REGIRAR'S SIGNATURE



		REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	NTH DAY YEAR	26. HOUR P
at y	(TYPE	FILE	man Houston	RYMER	May	10 1981	10:10 M
after death	3. SE		4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHD)		
ours afte	6	nde.	while.	MONTH DAY YEAR	82	MONTHS DAYS	HOURS MIN
non por		RTHPLACE (STATE OR FOREIGN OUNER)	TO CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	OUNTY OF DEATH	
Office	N	orthophop	I USH	WIDOWED DIVORCED	Calve		MD
36		ince Frederick	(IF NOT IN SUCH FACILITY, GIVE STRE		12a USUAL OCCUPATION (TYPLOF WORK FOR MOST OF W	ORKING HEL INDUSTRY	OF BUSINESS OR
E		AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	I HOGOODE	MICE	JCJU IK
ig (h)	130	nd Co	\	VES NO	Dun Po	not Rd	
Exa /	14. FA	THER'S NAME	MIDDLE 1 LAST	15. MOTHER'S MAIDEN N.	AME		AST
(B) 70		homo	Kymer	Herri	ell	TEWA	Ma
the me		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN! (IF YES, G	ARMED FORCES? 146 SOCIAL SEC	CURITY NO. 11 NEORMANT	ADDRESS	·	4
100		yes 10	UW-1	HMX II	ymer -	San S	J' / D
event,		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one cause per line for (a), (b), o	and ici.i	l -h	BETWEEN	XMATE INTERVAL LONSET AND DEATH
tending physicarbon paper on, or remova traumatic eve			ATE CAUSE (0) CONO	enferre St	LARK.		
traur		4147	DUE TO, OR AS A CONSEC	HENCE OF			
her		Conditions, if any, which gove rise to immediate	(1b) CHO				
or other		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF			
njury,			(c)	DEATH BUT NOT RELATED TO THE TER	WIND ALL DISCOURS ON COMPUT	IONI COVENI BURARY I	/
2 >	Z	TART 2 OTTER SIGNIFICAN	COMPINONS CONTRIBUTING IN	DOLANA BOT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ON GIVEN IN PART I	101
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 2	Ob. IF YES, WERE FIND	INGS USED
is marked or Item 18 shows	TE				YES T NOT	YES T	S OF DEATH?
m 18	CER	210 ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY II		
or Item		OR CONTRIBUTING CAUSE OF D		DAY YEAR			
marked o	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY	STATE
	Æ	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE	The last	w 5/11	101 -1	STATE
9		220 I certify that (I) (this has	pital) attended the deceased from	3/1/8/ 19 1	10 0///	0/198/	, that (I) (we) lost
m 21		saw the deceased alive a	on	ond that in (my) (aur) opinion	death occurred on the date	and hour and from the	e causes stated
MPORTANT: If Item		226 SIGNATURE	not y vew pine body one; deam,	DEGREE	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	22c. DAT	E SIGNED
		700	radeur	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	NO I	
¥ T		224 PHYSICIAN'S NAME (TWE	ORPRINT)	22e ADDRESS			
POR		Kioumarce \	Yazdani M D	Huntingtow	n, Maryland 2	0639	
		HILIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	214 LOCATION		
	1	12126	Mr. 13 21 5	manual Churcham	Tole Huntin	+DIOCO	1 100
6 25M	24:47	HERAL DIRECTOR	C 1 1 1 1 1 2	7 2 250 0		REGISTRAR'S SIGNA	TURE
5M 1/79		Marioch	7000 SO005	No Owiles	- W TO 1991		O COLOR

(VRA 15, 4) 1/79



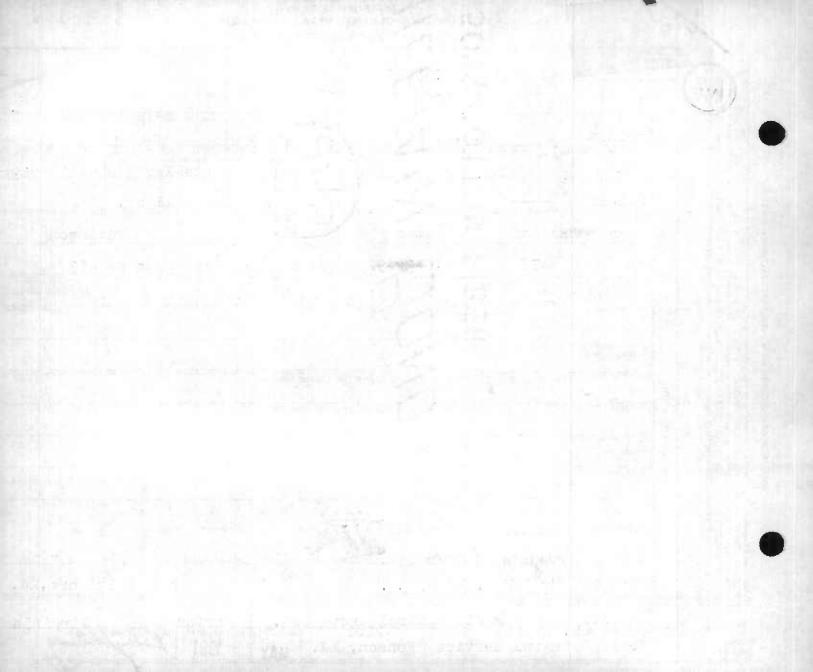
3	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8	3 2 0 7
	1 DE	CEASED NAME FRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR P
be 3 sth	(1111	Marie	Elizabeth	STEWART	May	15 1981 3:50 M
may k	3 SE		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
(議所)	F	emale	White	MOTCH & 90	91 YRS	MONTHS DAYS HOURS MIN.
PER AN	7a. B	IRTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	I BALTIMORE CITY OR COUNT	TY OF DEATH
1		ashinsten D.C.	U.S.A.	WIDOWED DIVORCED		MD.
Worthing Manager	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12h KIND OF BUSINESS OR INDUSTRY
filed filed		TINCE Frederick	Calvert Memor		Housewife	
completely filled in and 2 should be	130	laryland Calv	TY . [13c CITY OR TOW	N 134 INSIDE CITY LIMITS?	350 2 King Rega	el Estates
sho sho	14 F	ATHER'S NAME	NIDDLE LAST .	15. MOTHER'S MAIDEN N		
E CH	1	Joseph -	- Lift	le Laura	A.	Rollins
	láe \	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	RITY NO 12 INFORMANT	ADDRESS	
50		No -	- 213-50	-2791 James Cam	obell Same	as 13a
pers. P loval. event.		11 CAUSE OF DEATH (Enter an	y ane cause per line far (a), (b), an	diction .	10-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng physic on papers or removal matic ever		PART I. DEATH WAS CAUSED IMMEDIAT	E CAUSE (a) SER 110	inna au	1 Do Kupluce	4
carbon pa on, or rem traumatic		5679	DUE TO, OR AS A CONSEQUE	NCE OF		
		Canditians, if any, which	((b)	larg bus	uel	
remati		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCEOF	2 .	
al, ci		underlying cause last	(c)	Doute Res	relanches.	
to burial by injury,	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION G	IVEN IN PART I(a)
prior ws ar	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
	E					YES NO
tal Hygin	Ü	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA		JRRED (ENTER NATURE OF INJURY IN ITEM 18), PART 1 OR PART 2)
or Iter	3	OR CONTRIBUTING CAUSE OF DEA	P.M.	19		
p p	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
alth an		AT WORK — AT WORK —	attended the deceased fram_	11-18-80 19		, that (I) (we) last
of He		saw the deceased alive an	5-15-81	1, 10, 00	an death accurred an the date and h	. , , , , ,
		abave, (1) (we) (did) (did nat 22b. SIGNATURE	view the body after death.	DEGREE		224 DATE SIGNED
e Del		2 AMAR	D. Arby	ATTENDING		
with the State	1	224. PHYSICIAN'S NAME (TYPE OF	BEINT	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	16 May 1981
should be detached if with the State Dept.		1	·			1.00470
MPC With		Emad Al-Ban			rederick, Marylan	d 20678
		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
		UNERALDIRECTOR	Shold Le		BLANCES BURG	P.G. Md.
1-16 25M			ome, Box 45A, Ow		ATE REC D. BT REGISTRARIZSB. REGI	STRAK S SIGNATURE
15, 4) 1/79	L	ausy uneral ne	TON TON, UW	119>,100. 2000	1 G 2 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	

Target - Letter been for the Relling You will be the state of the st The second secon

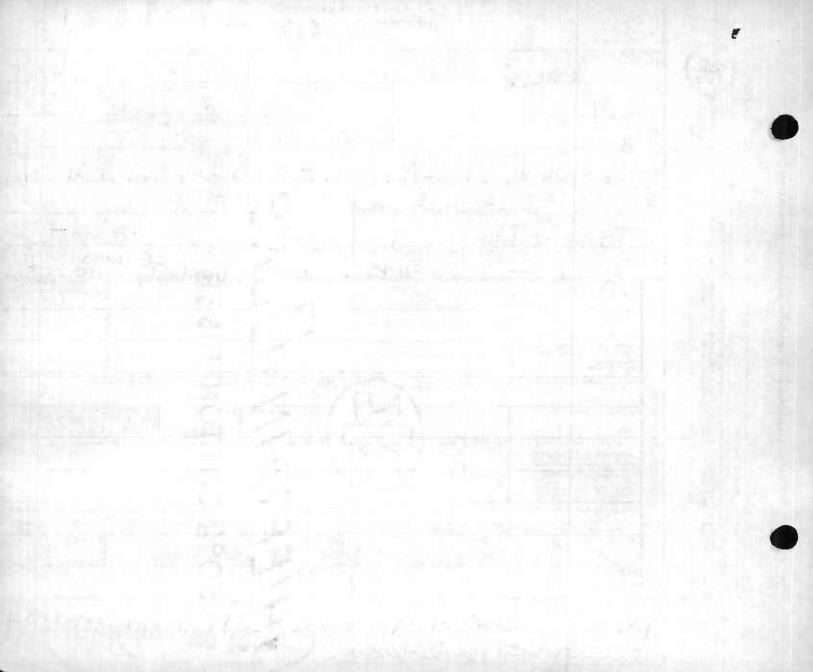
	= STATE REGISTRAF	R		DEPARTMENT OF I		MENTAL HYG		REG. NO.	3 %	UB
	DECEASED N.	AME FIRST	id	W. SWA	NICK				4-26	YEAR 25. HO
3 5	male	white	5 DATE OF BIRTH	-1960 6. AGE (IN YEAR LAST BIRTHD)	ARS IF UNDER 1 AY) MONTHS DA	YR. IF UNDER 24 H			5-8	YEAR 424 45
	BIRTHPLACE FOREIGN COUNT Penn.	TRY)	U.S.	١.	WIDOWED [NEVER MARRIED DIVORCED		ert Col	ounty of b	EATH 1
F	Prince	Frederick	Calvert	SPITAL, NURSING HOME CLITY, GIVE STREET ADDRESS) Memorial H	ospital		USUAL OCCUPA FOR MOST OF WORKH (aintene	ATION (TYPE OF	WORK 712b. KIN	D OF BUSINESS INDUSTRY
130	Ma.r	ruland	DR OTHER INSTITUTION, GI	Suitland			STREET ADDRESS		#302	
160	WAS DECEA	ATLES I		Swanick 166. SOCIAL SECURITY		Carol ORMANT	MID	R. ADDRESS	Mici Suitl	k and, Md.
JRIAL, CREMATION, OR REMOVAL.	YES, NO OR UN	IKNOWN) (IF YES, GIVE	WAR OR DATES)	216-70-92	36 Ch	arles P.	Swanick	3817 St	wann Rd	•
3	PART 2 DTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	NAL DICEASE OR CON	DITION GIVEN IN PART 1 Id				
CATION		OF OPERATION		TION FOR WHICH OPER					20. AL	JTOPSY?
FRTIFICATION		OF OPERATION	196. CONDI	TION FOR WHICH OPER	ation was per	FORMED?		DY IN ITEM IR PART	Y	UTOPSY? ES X NO [
SICAL CERTIFICATION	190 DATE	OF OPERATION RNAL CAUSE WAS ING TOR UTING CAUSE OF	216. TIME OI HOUR A.M DEATH P.M	FINJURY	21c HOW IN:	FORMED? URY OCCURRED (EN	NTER MATURE OF IMJUI		YI OR PART 2)	
MEDICAL CERTIFICATION	190 DATE	OF OPERATION RNAL CAUSE WAS ING OR UTING CAUSE OF RY OCCURRED	216. TIME OI HOUR A.M DEATH P.M	TION FOR WHICH OPER	21c HOW INJ subject 211 LOCATION STREET Chop	FORMED? URY OCCURRED (EN t found f tank, Rive	ster nature of injur loating	in the	YI OR PART 2)	ES 🛣 NO [
	19a DATE 19a DATE 21a EXTER UNDERLY CONTRIB 21d INJUE WHILE AT WORK	RNAL CAUSE WAS ING TOR UTING CAUSE OF RY OCCURRED AT WORK certify that I taak charge	21b. TIME OI HOUR A.M DEATH P.M 21e PLACE STREET FAC	FINJURY MONTH PAY YEAR MONTH PAY YEAR MONTH PAY YEAR MONTH PAY YEAR MONTH PAY MONT	21c. HOW IN. Subject 21l. LOCATION SIRRET Chop	URY OCCURRED (ER t found f tank, Rive:	ster nature of injur loating	in the	t 1 OR PART 2) bay COUNTY	ES 🛣 NO [
	19a DATE 19a DATE 21a EXTER UNDERLY CONTRIB 21d INJUE WHILE AT WORK	RNAL CAUSE WAS ING TOPOR UTING CAUSE OF RY OCCURRED ONOT WHILE AT WORK certify that I taak chars sulted fram. Natu	21b. TIME OI HOUR A.M DEATH P.M 21e PLACE C. STREET, Face T. I.T. ge of the remains des	FINJURY MONTH DAY YEAR FINJURY MONTH DAY YEAR FINJURY (AT HOME, TORY, FARM, ETC.)	21c. HOW IN. subject 21t. LOCATION STREET Chop Autopsy XX Tit	URY OCCURRED (ER t found f tank, Rive:	loating City or lower Inquiry Inquiry	in the	bay COUNTY COUNTY	ES 🛣 NO [
MEDICAL	190 DATE 190 DATE 110 EXTER 11	RNAL CAUSE WAS ING FOR UTING CAUSE OF RY OCCURRED CATWORK certify that I taak charge sulted fram. Nature RESIDENT MARK RESIDENT MARK MARK RESIDENT MARK MARK MARK RESIDENT MARK MA	21b. TIME OI HOUR A.M DEATH P.M 21e PLACE of STREET Factors and courses	FINJURY A. MONTH DAY YEAR OF INJURY (AT HOME, 10RY FARM, ETC.) Scribed abave, held an Accident XX Su Korall M. I	211. HOW INJ. Subject 211. LOCATION STREET Chop Autopsy XX icide	URY OCCURRED (EN t found £ tank, Rive: tank Rive: Inspection Uramicide Uramicide	Loating CITY OR TOWN Inquiry Indetermined man	in the	bay COUNTY County n my apinian	ES 🛣 NO [
230	190 DATE 190 DATE 110 EXTER UNDERLY CONTRIBI 21d INJUR WHILE AT WORK 220 Ic death re ACTUAL IGNATUR EXAMINE (TYPE OR 0. BURIAL, CRE (SPECIFY)	RNAL CAUSE WAS ING FOR UTING CAUSE OF RY OCCURRED CATWORK certify that I took charge sulted fram. Nature RE R'S NAME PRINT) MATS MATION REMOVAL	21b. TIME OI HOUR A.M DEATH P.M 21e PLACE of STREEL FACTOR ge of the remains des ral couses 23b. DATE 5-11-1960	FINJURY A. MONTH DAY YEAR OF INJURY (AT HOME. 10PY) FARM, ETC.) Scribed abave, held an Accident XX. Su Korell M. I	211. HOW INJ. Subject 211. LOCATION STREET Chop Autopsy XX Cide H ITIT M.D. A ADDRE	URY OCCURRED (EN t found f tank, Rive: tank, Rive: Inspection Ur LE (SPECIFY) SSISTANT A SS_111 Pont NATORY 236 etery 236	Inquiry [Indetermined man	in the	bay COUNTY COUNTY DATE SIGNED 5	Md. STATE

2 - 12 -1990 -1 Prince Presentate Appropriate Lyan Table 46 - 00 - 65 n LeV besiting .U. bucky Joy W. Manner Hd. # 300 "oimswi Charles P. 216-70-9236 Carried . Swallok 3817 Starm BC. The company of the co -11-1960 depurrect on Seleting Olinton F.S. Mir land Exercise Filter Energl Fore (AY 1.0 1901 feet) Strong Strong

V	1.	FOR		5.71	STA DEPARTMENT OF I		ARYLAND M		YGIENE	1	3	2	0	9
/4	1.	STATE REGISTRAR			DICAL EXAMIN					REG. NO.				
-		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE	KNOWNYIX	MONTH	DAY	YEAR	2b. HOUR
SE SE		PE OR PRINTS	Delm	mar	LeGrand		Thom	120	OF DEATH	ESTI-	5	4	1981	
作 [[[]]	1. SE.	X	4. RACE	S DATE OF BIRTH	6. AGE (IN YEA	RS IF UN	IDER 1 YR.	IF UNDER		E	MONTH	DAY	YEAR	2d HOUR
Z	1	Male	White	June 19	, 1925 ASSAISHDA	S. MONT	HS DAYS	HOURS	MIN. PRONOU	D D	5	4	1981	7:55
S X SEST	7a. B	IRTHPLACE (ST.	ATE OR	76. CITIZEN OF WH	AT COUNTRY?	0	ED XXNE	VER MAPPI	P. BALTI	MORE CITY OF				
	V	irgini	.a	U.S		WIDOW	ED 🗆	DIVORC	ED C	alvert (Coun:	tv		MD
95	10 C	ITY OR TOWN (OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME CILLITY, GIVE STREET ADDRESS)	OR OTH	ER INSTITU	TION	12a USUAL OCCU	JPATION (TYPE O	OF WORK	12b KI	ND OF BU	SINESS
72		Lusby		I Balto. G	as & Flectr	icN	uclea	r		aller	S			rSvs
-	130 3	IAIL .	THE COUN'	IR OTHER INSTITUTION, GIV TY	13c CITY OR TOWN Norton	Po Po	Wersine C	lyant	13e STREET ADDE	RESS				
2		irgini	a		Norton		YES 🗌	NO 🗆	Pine	Hill S	t.			
<	TAT	ATHER'S NAME	N / D	MIDDLE	ID 1. LAST		15. MOTHE	ER'S MAIDE	N NAME	MIDDLE			LAST	
-			Buni EVER IN U.S. ARA		Thomas	NO	Nel		7.0	105	Rol	bin	son	
3	(Y	ES, NO, OR UNKNOV Yes	VN) (IF YES, GIVE)	WAR OR DATES)	410-30-9		17. INFORM	١,	Wife)	ADDRESS		110	0	
						~ <u>)</u> y	Hua .	Kuth	Thomas	Same	as	#1		
		PARTIDEA	ATH WAS CALISED	y ane cause per line DBY:		1 .	0		.1			BETV	PROXIMATE VEEN ONSET	AND DEATH
VA		429	1 IMMEDIAT		teriosclero		Lardi	ovasc	ular Dise	ease		-		
NI, CREMATION, OR REMOVAL.		Canditian	s, if any, which	1		/1								
OR		cause (a)	e ta immediate stating the <u>under</u> -	DUE TO, OR	AS A CONSEQUENCE C	F								
		lying caus	e last.	(c)										
		PART 2 OTHER SIG	NIFICANT CONDITIONS (CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	NAL DISEASE	OR CONDITION	N GIVEN IN PAR	II I (a).					
-L3	ON O													
1	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WHICH OPERA	W MOITA	AS PERFOR	MED?				20 A	UTOPSY?	
L	RT	al EVTER	CALISEWAS										res XIX	NO 🗆
3		21a EXTERNAL UNDERLYING	OR		MONTH DAY YEAR	21c HC	OW INJURY	OCCURRE	O (ENTER NATURE OF II	NJURY IN ITEM 18 PA	RT 1 OR PAR	RT 2)		
	MEDICAL	CONTRIBUTIN	IG CAUSE OF D	P.M.	19	211 1 0	CATION							
	MEC	WHILE	NOT WHILE		PFINJURY (ATHOME, DRY FARM, ETC.)		CATION TREET		CITY OR TO	OWN	COU	INTY		STATE
		AT WORK	AT WORK	·										
		22a I certify		APXA	ribed abave, held an	Autaps	у (Х).	Inspection	n . Inquiry	and,	in my ap	inian		
BALTIMORE, MARYLAND,		death resulted	fram Nature	al causes XX	Accident . Suic	ide 🔲	, Hamic	ide	Undetermined m	anner ,				
		ACTUAL	1).	20,	0.0.		TITLE (SI		4		DATE		es A	0.1
- KE		SIGNATURE_	- Ma	ma 2	Joean	М.	D. ASS	istan	MEDICAL EXA	MINER	SIGNE	D	5-4	-81
2		EXAMINER'S N	IAME Vira	inia L. D	olan, M.D.				II Penn S	treet .	Валн	tim	ore	Md.
-	23 a. Bi	URIAL CREMAT	ION, REMOVAL 23		23c. NAME OF CEM		ADDRESS_					~ TIII.	010,	mu.
	(5	Buri	-	5/7 /81			ve Ce		23d. LOCATION CITY OR TOWN		COUN		STA	TE .
		UNERAL DIRECT	or E. Ba	rnes	2.	1018			Norto		RAR'S S	SNA	irgi	nia_
		FTemin	g Funer	al Servi	ice Benso	n,	Md.	MAY	8 - 1981	perge	7/	(AS)	Local	



& y	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	AL HYGIEND	13210	
4 may be or page 3	1. DE (TYPE	CEASED NAME FIRST OR PRINT; LIGHT A R	ace	Last Vard	20. DATE OF DEATH 5 4 6 6. AGE (IN YEARS LAST)	7P. M	M RS.
Page direct nours	L	m	CITIZEN OF WHAT COUNT	MONTH DAY YEA	BALTIMORE CITY	MONTHS DAYS HOURS ME YRS. OR COUNTY OF DEATH	2
Georgh.	10. C	TY OR TOWN OF DEATH III.		MARRIED NEVER MARRIED WIDOWED DIVORCED RSING HOME OR OTHER INSTITUTION	DN 120. USUAL OCCUPA	Tuer 1 12b. KIND OF BUSINESS	MD.
1201 in by be go	Pc USU	AL RESIDENCE (IF NURSING HOME OR O'M STATE	(IF NOT IN SUCH FACILITY, GIVE S	Memorial HOS	SO DWAS	enge Fuel OIL	
thin 24 thin 24 thin 24 shauld	1	THER'S NAME	o, + HUNTI	15 MOTHER'S MAILE	PO.L	30x 6	
MAR male on	16a V	VAS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	othy ADE	PRESS CHOOL	
ST., BALTIMORE, rifficote be execut a physicion and conpapers. Pages i emovol.		18 CAUSE OF DEATH (Enter only o	ne couse per line for (a), (b)	11 15 16 Dord	othy Herde	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	TH
death certifu death certifu ottending ph ave carbonp win, or remo		PART I. DEATH WAS CAUSED BY IMMEDIATE C		OUENCE OF			
301 W. P es that the ned by the please re- urial, crem	_	couse (o), stating the underlying couse last.	DUE TO, OR AS A CONSE	QUENCE OF	E TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(0)	
RECORI n. os been s os been s os been s ws ony inj	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc	
OF V	MEDICAL CES	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR 19	OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18, PART 1 OR PART 2)	
DIVISIONG PROMET IN OUT TO THE PROMET THE PR	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	GITYORT	TOWN COUNTY STATE	
TTEN proof TOR: for us of He		220.1 certify that (I) (this haspital) or the decreased alive an approximation of the last of the las			, to 7/24/N pinion death accorred on the	e date and hour and from the couses stated	
by the SRAL D Store D detact		22d. PHYSICIAN SNAME (TYPE OR PRI	20 ms	ATTENDI	ING MEDICAL ST	TAFF SICIAN SIZE	
TO HOSPITA retoined by 1 TO FUNERAl should be de with the Stot	23n F	U		30 NAME OF CEMETERY OR CREMAT	TORY 23d LOCATION		
DHMH-16 60M 1/73		SPECIFY) WERAL DIRECTOR	5-27-81	Miscya	HYDOT	ARISTA REGISTRARIS SIGNATURE	4
(VR A 15 (4))	L	Kanog	TUNOSCUE	tome !	mar e (1901		



4 4	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 3 2 1 1 3 2 1 1									
	(TYP)	CEASED NAME FIRST CORPRINT) SAMUEL	- THOI	NAS	WILLIS		20. DATE OF DEATH	MONTH DAY	YEAR 198/ UNDER 1 YEAR	26. HOUR POS IF UNDER 24 H	
	3 SE	m	4 RACE		S DATE OF BIRTH	1943	37	YRS.	ONTHS DAYS HOL	HOURS MI	
death. F	C	IRTHPLACE ISTATE OR FOREIGN OUNTRY) MARCYLAND	USA.		MARRIED S NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DE CALVER			T Co.,	
by the fled within	11	INCE PREPERLY	ROUTE			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (TOMPUTER TECH , AEROSMICE)					
filled in uld be filled	13 ₀	AL RESIDENCE (IF NURSING HOME STATE 136 COL	DROTHER INSTITUTION, INTY	GIVE RESIDENCE BEFORE 130 CITY OR TOWN PR, FREY	ERKK YES [CITY LIMITS?	13. STREET ADDRESS	07290			
ampletely and 2 sho	-	FATHER'S NAME FIRST MELVIN FRANKLIN WILLIS MARGARET WELIZABETH NEEL AST MARGARET MELIZABETH NEEL									
be exe and c ages 1		(YES, NO OR UNKNOWN) (IF YES, GIVE THE ORDERS) 220 40 5675 WIFE MARGENE B, WILLIS, SAME									
res that the death certificate do by the attending physician asse remove carbon papers. Prial, cremation, or removal		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DISSEMINATED DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO. OR AS A CONSEQUENCE OF DUE TO. OR AS A CONSEQUENCE OF DUE TO. OR AS A CONSEQUENCE OF PEOPADLY OF LUNG (c) APPROXMATE INTERVAL RETRIEVAL AND DE TOCKE OF STEEL OF STATE									
1: The law requi	CERTIFICATION	190 DATE OF OPERATION OCT 31, 198	196 CONDIT	TION FOR WHICH	PERATION WAS PERF		200 AUTOPSY? YES NO	ZOB. IF YES,	WERE FINDIN	GS USED	
uG PHYSICIAN Iding physician. ter this certificat e burial-transit ind Mental Hygi rked or Item 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WRITE NOT WHILE	HOUR A.A P A 21e PLACE C	A. MONTH DA A.	Y YEAR 19 21f LOCAT	юм	RED (ENTER NATURE OF INJUIL		COUNTY	STATE	
CH ATTENDIP hospital or atter DIRECTOR: Af hed for use as th hed for use as th Dept. of Health:		270 certify that (I) (this haspital) attended the deceased from SFT 1980 to 5/15 1984, that (I) (we) it saw the deceased alive an abave, (I) (we) (idid) (did not) view the bady after death. DEGREE									
TO HOSPITAL retained by the h TO FUNERAL D should be detach with the State D		Dand 9 226 PHYSICIAN'S NAME (TYPE PAULO W			PRI	NCE F	MEDICAL STAL DIRECTOR PHYSIC	IAN 🗌	206	78	
BP	1	BURIAL, CREMATION, REMOVA LIPECHY) DUPIAL			AME OF CEMETERY OR		23d. LOCATION CITY OF TOWN BUTSTOU) É	elver i	+ state	
DHMH-16 25M (VRA 15, 4) 1/79	R	UNERAL DIRECTOR NAME LUSH FUNERAL	Home, Box	45A,OW	1199, Md.20	836 BAT	E REC'D, BY REGISTRAR	251. REGISTRA	AR'S SIGNAT	JRE	

BING (2 JE - 1 JE - 1 JULE - 1 JULE) SHIEL Kinget 13/hills 1 month BUSTOU TO WEEK MIT Carrier Control of the Control of th